

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
07/996771

FILING DATE
12/34/92

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	7					
2		1				
3		2				
4		1				
5	1					
6		1				
7		1				
8		3				
9		3				
10	1					
11	1					
12	1					
13		1				
14		1				
15		1				
16		1				
17		1				
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	30	↙	↙	↙	↙	↙
TOTAL CLAIMS	33					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↙	↙	↙	↙	↙
TOTAL CLAIMS						